CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME APR 0 1 2021 4 CANDIDATE / **OFFICEHOLDER** MAILING 12:27) WAB **ADDRESS** apevine, TX Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (214) 587-2897 PHONE Receipt # Amount \$ 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE): STATE: ZIP CODE 7 CAMPAIGN . Main St., Suite 304 TREASURER **ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE (216) 4010-9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day COVERED 22/2021 12/16/2020 THROUGH ELECTION TYPE 11 ELECTION FLECTION DATE Primary Runoff Other Description 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Va., 0.00	16 Filer ID (Ethics Commission Filers)
Nicholas	Kaufman	09669843
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER I PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	* 751
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAD)	\$ 14,880
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,973.52
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	\$ 6.780.26
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	\$ 3,074.46
	wear, or affirm, under penalty of perjury, that the accompanying report is	s true and correct and includes all information
rec	dured to be reported by the under Title 15, Election Code.	
		Tue de la companya del la companya de la companya d
7 (4 9) 10 4	Signature	of Candidate or Officeholder
7		
	B1 20 20 11 11	. Variety is
	Please complete either option be	low:
	Z TARA A BROOKS	
	Notary Public, State of Texas	
(1) Affidavit	Notary ID 12435787-3	
NOTARY STAND (SEA)		
NOTARY STAMP/SEAL	The second second	4
Sworn to and subscribed	before me by Nicholas Kaufman this	theIBt day of,
20 <u>21</u> , to certify	which, witness my hand and seal of office.	
Chealibrooks	Tala A Brooks	Notaey Public
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of bir	th is
wy audi655 i5	(street) (city)	(state) (zip code) (country)
Executed in		
Enough III	County, State of, on the day of	nonth) (year)
	Signature of C	andidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
	Nicholas Kaufman	096698	43
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	7	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 14,880
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 3,069
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		s —
4.	SCHEDULE E: LOANS		\$ <u> </u>
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 8,899.06
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ _
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	. CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$ 3,074.46
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	ITIONS RETURNED	\$
-			

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	las Kaufman	3 Filer ID (Ethics Commission Filers)
4 Date 12/17/20	Full name of contributor	7 Amount of contribution (\$) \$ 5,000
O. Dissipal	1830 Silverside Dr. Grapevine TX 76051	4\
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	uons)
Date	Full name of contributor	Amount of contribution (\$)
12/17/20	Contributor address; City; State; Zip Code	\$2,000
Principal occup	427 E. Texas St. Grapevine TX 76051 pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1/11/21	Kyan Clamill Contributor address; City; State; Zip Code 3518 Red Bird Ln. Graphyine, TX 76051	#500
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
1/11/21	Contributor address; City; State; Zip Code 76051	\$1,500
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	olos Kaufman	3 Filer ID (Ethics Commission Filers) 09669343
4 Date	5 Full name of contributor out-of-state PAG (ID#:)	7 Amount of contribution (\$)
1/19/21	Occid Silverman 6 Contributor address; City; State; Zip Code 4(022 Magle Ave Dollas TX 75219	\$1,500
8 Principal occu	apation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
1/22/21	Contributor address; City; State; Zip Code 76092	\$ 200
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor	Amount of contribution (\$)
1/27/21	Contributor address; City; State; Zip Code	# 200
	106 Westchester Dr. Brunswick, OH 44212	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
2/1/21	Contributor address; City; State; Zip Code	\$100
	12+06 Valleywood Ur., Grapevine, IX 760511	
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	ions)
,		
5		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional r	

SCHEDULE A1

ii the reque	sted mornation to not approache, De No. 1 morate the page in the	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Nicho	olos Kaufman	09669843
4 Date	5 Full name of contributor out-of-state PAC (tD#:)	7 Amount of contribution (\$)
	Cindy Kaufman	
2/2/21	6 Contributor address; City; State; Zip Code	\$100
	2401 POlling CK Spring Branch TX 78070 special of Job title (See (Instructions) 9 Employer (See Instructions)	
8 Principal occu	apation / Job title (See (hstructions) 9 Employer (See Instruc	tions)
		.4
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Richard Stroot	
2/4/21	Contributor address; City; State; Zip Code	# 000
17/21		#200
	1402 Hampton Rd. Grapovine TX 76051	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Marcus McCrary	
2/4/21	Contributor address; City; State; Zip Code	\$ 200
01 1100	MA THE PA CONSTITUTE TO THE	4 acc
Drivering control	1410 Turner Rd., Colleyville, TX 76051	tions)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	,
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
1	Robby Leach	
2/4/21	Contributor address; City; State; Zip Code	\$50
	LOS LAVELIAND LA CICAMUINO TY ZINGI	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Nicho	los Kaufman	09669843
4 Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)
	Lloyd Haevischer	
2/4/21	6 Contributor address; City; State; Zip Code	#160
	3304 Red Bird Ln. Grapevine, TX 76051	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	A second of the North Control
Date	- 0	Amount of contribution (\$)
2/11/21	lammy Bosiger	41
2/4/21	Contributor address; City; State; Zip Code	\$50
	714 Con St. Grapevine, TX 76051	
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Lindsey Jaworski	
2/4/21	Contributor address; City; State; Zip Code	#100
	12 E. Hillside Pl. Trophy Club DX	
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	tions)
THOOPSE SOUR		And the second
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Mace Gifford	
2/4/21	Contributor address; City; State; Zip Code	#160
0.1 1 1001	1761 0 - 61 0 - 61	100
	pation / Job title (See Instructions) Employer (See Instructions)	Vana N
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	nons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instruction guide for additional r	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Λ.	3 Filer ID (Ethics Commission Filers)
Nicho	ilos Kaufman	09669843
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
And the second s	David Custable	k
2/4/21	6 Contributor address; City; State; Zip Code	#500
adjustices and a second	753 Port America Pl. Ste 105 TX 76051	
8 Principal occu	apation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
	propor Sehashan	Amount or commonator (b)
0/11/01	Contributor address; City; State; Zip Code	\$170
2/4/21		# 170
	101 Crystal Brooke, Grapevine, TX 76051	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Spencer Chaffin	
214/21	Contributor address; City; State; Zip Code	# 510
, , , , ,	619 N Riverside Dr. Grapevine, TX 76051	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
		•
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Jana Fisher	
15/11	Contributor address; City; State; Zip Code	\$100
alolal		1100
	1516 Laguna Vista Dr. Grapevine IX 7605	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	eons)
		-
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional i	

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Nicho	las Kaufman	09669843
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	Alan Oppenheimer	
2/10/21	6 Contributor address; City; State; Zip Code	\$100
	3828 Arizona Pl. Grapevine TX 76051	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
	Ellis Rice	
2/12/21	Contributor address; City; State; Zip Code	#100
0112121	76051	100
	2809 Green brook Ct, Grapevine 1x	
Principal occup	eation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Caclas Delega	
2/17/21	Contributor address; City; State; Zip Code	\$500
all T/21	76051	. 000
	13225 Grapevine Mills Blvd, Grapevine, N. 1	V
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	dons)
Date	Full name of contributor	Amount of contribution (\$)
	Harry Sherman	
3/20/21	Contributor address; City; State; Zip Code	\$1.000
0/00/00	3500 Enignaint of Miles TX 75219	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
		•
ek, margant after transferrer fresk fram de die de de en		es di selanguara salumberakan kerangka hasa salasahkan adalahkan adalah adalah dan adalah dan dalah dan dan dalah dan dalah dan dan dan dalah dan
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

1 Total pages Schedule A2:
3 Filer ID (Ethics Commission Filers)
ons \$ Ø
8 Amount of Contribution \$ In-kind contribution description Food & Drinks Pood & Drinks Pood & Drinks Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's job title (FOR JUDICIAL)(See Instructions)
Law firm of contributor's spouse (if any) (FOR JUDICIAL)
Amount of Contribution \$ In-kind contribution description Noter Registration Noter Regi
Contributor's job title (FOR JUDICIAL) (See Instructions)
Law firm of contributor's spouse (if any) (FOR JUDICIAL)
SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

Th	ne Instruction Guide explains how to complete this form	m.	1 Total pages Sched	ule A2:
2 FILER NAME			3 Filer ID (Ethics Co	
Nichola	s Kaufman		096698	43
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ Ø	
5 Date	6 Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
110.10.1	100 Westonester Dr Brunswick	04/2/2	Check if travel outsi	t de of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Check if travel outsider (FOR NON-JUDICIA	de of Texas. Complete Schedule T. AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instruct			g requirements.

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

4			
1 Total pages Schedule F1:	2 FILER NAME:		3 Filer ID (Ethics Commission Filers
15	Nicholas Kaufman		09669843
4 Date	5 Payee name		
1/7/2021	Banners on the Cheap		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$109.64	11525A Stonehollow Drive Ste 100, Aust	in, TX 78758	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising expense	Banners	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Complete.	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/7/2021	Signs on the Cheap		
Amount (\$)	Payee address;	City;	State; Zip Code
6601.58	11525A Stonehollow Drive Ste 100, Aust	in, TX 78758	
	Category (See Categories listed at the top of this schedule)	Description	
	4	1	
PURPOSE			
OF	Advertising Expense	Yard Signs	
	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		stin, TX, officeholder living expense
OF	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name		stin, TX, officeholder living expense Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Au	
OF EXPENDITURE Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Au	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Contact Date	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name C/OH Payee name	Check if Au	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit On Date 1/13/2021 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name COH Payee name Signarama	Check if Au	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete Date 1/13/2021 Amount (\$) 5583.07	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name C/OH Payee name Signarama Payee address;	Check if Au	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit On Date 1/13/2021 Amount (\$)	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name C/OH Payee name Signarama Payee address; 151 S. Dooley St., Grapevine, TX 76051	Check if Au Office sought City;	Office held
OF EXPENDITURE Complete ONLYif direct expenditure to benefit Only of the complete of the comp	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name C/OH Payee name Signarama Payee address; 151 S. Dooley St., Grapevine, TX 76051 Category (See Categories listed at the top of this schedule)	Check if Aut Office sought City; Description Yard Signs	Office held

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

1 Total pages Schedule F1:	2 FILER NAME:		3 Filer ID (Ethics Commission Filers			
. 15	Nicholas Kaufman		09669843			
4 Date 1/15/2021	5 Payee name					
	Signarama	<u> </u>				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$583.07	151 S. Dooley St., Grapevine, TX 76051	1				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Yard Si	gns			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
1/19/2021	Home Depot					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$78.08	852 International Pkwy, Flower Mound, 7	TX 75028				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Sign Stakes				
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense			
Complete ONLYif direct expenditure to benefit C	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name		and the second s			
1/19/2021	Home Depot					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$84.91	852 International Pkwy, Flower Mound,	TX 75028				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Sign	Stakes			
		Check if Au	stin. TX. officeholder living expense			
	Check if travel outside of Texas. Complete Schedule T.	OTION IT TO				

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

1 Total pages Schedule F1:	2 FILER NAME:		3 Filer ID (Ethics Commission	Filers)
15	Nicholas Kaufman		09669843	
4 Date 1/22/2021	5 Payee name Lowe's			
6 Amount (\$)	7 Payee address;	City;	State; Zip Co	de
\$28.45	201 North Kimball Avenue, Southlake, T	X 76092		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Sign Stakes		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sought	Office held	1
Date	Payee name			
1/22/2021	Uline			
Amount (\$)	Payee address;	City;	State; Zip Co	de
\$324.75	980 W. Bethel Rd., Coppell, TX 75019			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Sign Stakes		
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense	
Complete ONLYif direct expenditure to benefit C	Candidate / Officeholder name	Office sought	Office held	ı
Date	Payee name			
1/22/2021	Vista Print			
Amount (\$)	Payee address;	City;	State; Zip Co	de
\$893.04	447 Advance Blvd., Windsor, ON N8N	5G8		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Yard Signs		
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit O	Candidate / Officeholder name	Office sought	Office hel	d

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to con	inpiete tino ioini.		
1 Total pages Schedule F1:	2 FILER NAME: Nicholas Kaufman		3 Filer ID (Ethics C 09669843	ommission Filers)
Date 2/29/2020	5 Payee name 99 Design			
6 Amount (\$) 6299.00	7 Payee address; Level 2, 41-43 Stewart Street, Richmond	City; I, Victoria, 3121 A	State; Australia	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Logo Design		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sought		Office held
Date /6/2021	Payee name 99 Design			
Amount (\$)	Payee address;	City;	State;	Zip Code
60.00	Level 2, 41-43 Stewart Street, Richmond	, Victoria, 3121 A	Australia	
PURPOSE OF EXPENDITURE	Level 2, 41-43 Stewart Street, Richmond Advertising Expense	Description	Australia Design for Face	emasks
PURPOSE OF		Description Logo I		
PURPOSE OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Logo I	Design for Face	
PURPOSE OF EXPENDITURE Complete ONLY if direct	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Logo I Check if Aust	Design for Face	expense
PURPOSE OF EXPENDITURE Complete ONLYif direct expenditure to benefit Complete on the complete of the complete on the complete	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name	Description Logo I Check if Aust Office sought City;	Design for Face	expense
PURPOSE OF EXPENDITURE Complete ONLYif direct expenditure to benefit Complete 1/7/2021 Amount (\$)	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name Vista Print Payee address;	Description Logo I Check if Aust Office sought City;	Design for Face tin, TX, officeholder living of State;	expense Office held
OF EXPENDITURE Complete ONLYif direct expenditure to benefit Complete Onlyif direct expension on the original of the Onlyif on	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name Vista Print Payee address; 447 Advance Blvd., Windsor, ON N8N Category (See Categories listed at the top of this schedule)	Check if Aust Office sought City; 5G8 Description Business Cards	Design for Face tin, TX, officeholder living of State;	expense Office held Zip Code

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

appet 1	The instruction Guide explains now to con	inpiete this form.	
1 Total pages Schedule F1:	2 FILER NAME:		3 Filer ID (Ethics Commission Filers
15	Nicholas Kaufman		09669843
4 Date 1/11/2021	5 Payee name Vista Print		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$111.49	447 Advance Blvd., Windsor, ON N8N	5G8	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Door Hangers	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit (Office sought	Office held
Date	Payee name		
1/19/2021	Vista Print		
Amount (\$)	Payee address;	City;	State; Zip Code
\$62.33	447 Advance Blvd., Windsor, ON	N8N 5G8	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	S. A. Janes		
OF EXPENDITURE	Advertising Expense	Busines	ss Cards
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete ONLYif direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit (omee oddgin	3.11.33 11.33
Date	Payee name		
1/25/2021	Vista Print		
Amount (\$)	Payee address;	City;	State; Zip Code
\$651.16	447 Advance Blvd., Windsor, ON N8N	5G8	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Door Hangers,	Stickers, Buttons,
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS N	EEDED

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

The Instruction Guide explains how to cor	mpiete this form.	
2 FILER NAME: Nicholas Kaufman		3 Filer ID (Ethics Commission Filers) 09669843
5 Payee name Vista Print		
7 Payee address;	City;	State; Zip Code
447 Advance Blvd., Windsor, ON N8N	5G8	
(a) Category (See Categories listed at the top of this schedule)	(b) Description	
Advertising Expense	Door Hangers	
(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
Vista Print		
Payee address;	City;	State; Zip Code
447 Advance Blvd., Windsor, ON N8N	5G8	
Category (See Categories listed at the top of this schedule)	Description	
Advertising Expense	Door Ha	ngers
Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
Office Depot		
Payee address;	City;	State; Zip Code
1317 114 State Highway, Grapev	rine, TX 76051	
Category (See Categories listed at the top of this schedule)	Description	
Printing Expense	Labels	
Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
I .		
	Nicholas Kaufman 5 Payee name Vista Print 7 Payee address; 447 Advance Blvd., Windsor, ON N8N (a) Category (See Categories listed at the top of this schedule) Advertising Expense (c) Checkiftravel outside of Texas. Complete Schedule T. Candidate / Officeholder name COH Payee name Vista Print Payee address; 447 Advance Blvd., Windsor, ON N8N Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name COH Payee name Office Depot Payee address; 1317 114 State Highway, Grapev Category (See Categories listed at the top of this schedule) Printing Expense	Nicholas Kaufman 5 Payee name Vista Print 7 Payee address; City; 447 Advance Blvd., Windsor, ON N8N 5G8 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Door Hangers (c) Check if travel outside of Texas. Complete Schedule T. Check if Austing City; Payee name Vista Print Payee address; City; 447 Advance Blvd., Windsor, ON N8N 5G8 Category (See Categories listed at the top of this schedule) Door Hangers Check if travel outside of Texas. Complete Schedule T. Check if Austing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austing Expense Candidate / Office holder name Office Depot Payee address; City; 1317 114 State Highway, Grapevine, TX 76051 Category (See Categories listed at the top of this schedule) Printing Expense Labels

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to con	mplete this form.	
1 Total pages Schedule F1:	2 FILER NAME: Nicholas Kaufman		3 Filer ID (Ethics Commission Filers 09669843
4 Date 3/8/2021	5 Payee name Google \		2154
6 Amount (\$) \$350	7 Payee address; 1600 Amphitheatre PKW	V., Mountain	VICW, CA 94043
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Paid Advertisem	ent
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit		Office sought	Office held
Date	Payee name		
3/8/2021	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
\$75	1 Facebook Way, Menlo Park, CA	A 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Paid Advertisem	ent
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLYif direct expenditure to benefit (Office sought	Office held
Date	Payee name		
3/9/2021	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
\$125	1 Facebook Way, Menlo Park, CA 94025	5	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	Paid Advertisem	ent
EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

1 Total pages Schedule F1:	2 FILER NAME:	9	3 Filer ID (Ethics Commission Filers)
15 15 15 15 15 15 15 15 15 15 15 15 15 1	Nicholas Kaufman		09669843
4 Date	5 Payee name		00000040
3/19/2021	Facebook		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$175	1 Facebook Way, Menlo Park, CA 94025	5	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Paid Advertisem	ent
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/11/2021	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
\$75	1 Facebook Way, Menlo Park, CA 94025	5	
vo Mille	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Paid Advertisem	ent
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit Co	Candidate / Officeholder name /OH	Office sought	Office held
Date	Payee name		
3/15/2021	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
\$75	1 Facebook Way, Menlo Park, CA 94025	5	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Advertising Expense	Paid Advertisem	ent
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit Co	Ю		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to co	•	
1 Total pages Schedule F1:	2 FILER NAME: Nicholas Kaufman		3 Filer ID (Ethics Commission File 09669843
4 Date 3/16/2021	5 Payee name Facebook		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$125	1 Facebook Way, Menlo Park, CA 94025	5	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Paid Advertiser	ment
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit		Office sought	Office held
Date	Payee name		
3/22/2021	Facebook		
Amount (\$)	Payee address;	City;	State; Zip Code
\$175	1 Facebook Way, Menlo Park, CA 94025	5	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Paid Advertiser	ment
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Chack if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/28/2020	Mail Chimp		
Amount (\$)	Payee address;	City;	State; Zip Code
\$9.58	675 Ponce De Leon Ave NE • Su	ite 5000 • Atlanta	a, GA 30308
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	Fees	Email	
EXPENDITURE			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee

Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

1 Total pages Schedule F1:	2 FILER NAME: Nicholas Kaufman		3 Filer ID (Ethics 09669843	Commission Filers)
4 Date 12/31/2020	5 Payee name Squarespace			
6 Amount (\$) \$25.33	7 Payee address; 225 Varick Street, 12th Floor, New York,	City; NY 10014	State;	Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Payment Proce	essor	
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit Complete.	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
1/19/2021	Apple			
		City;	State;	Zip Code
Amount (\$)	Payee address;	Oity,		
Amount (\$) \$10.81	One Apple Park Way, Cupertino, CA 950			
	One Apple Park Way, Cupertino, CA 950)14	ne	
\$10.81	One Apple Park Way, Cupertino, CA 950 Category (See Categories listed at the top of this schedule)	Description Campaign Pho	ne Istin, TX, officeholder livin	g expense
\$10.81	One Apple Park Way, Cupertino, CA 950 Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Campaign Pho		g expense Office held
\$10.81 PURPOSE OF EXPENDITURE Complete ONLY if direct	One Apple Park Way, Cupertino, CA 950 Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Campaign Pho Check if Au		
\$10.81 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete Compl	One Apple Park Way, Cupertino, CA 950 Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Campaign Pho Check if Au		
\$10.81 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Only Date	One Apple Park Way, Cupertino, CA 950 Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Campaign Pho Check if Au		
\$10.81 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete of the	One Apple Park Way, Cupertino, CA 950 Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name COH Payee name Mail Chimp	Description Campaign Pho Check if Au Office sought City;	stin, TX, officeholder livin	Office held
\$10.81 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete of the	One Apple Park Way, Cupertino, CA 950 Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name COH Payee name Mail Chimp Payee address;	Description Campaign Pho Check if Au Office sought City;	stin, TX, officeholder livin	Office held
\$10.81 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete of the	One Apple Park Way, Cupertino, CA 950 Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Apple Payee name Mail Chimp Payee address; 675 Ponce De Leon Ave NE • Su	Description Campaign Pho Check if Au Office sought City;	stin, TX, officeholder livin	Office held
\$10.81 PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete on the complete of the	One Apple Park Way, Cupertino, CA 950 Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name COH Payee name Mail Chimp Payee address; 675 Ponce De Leon Ave NE • Su Category (See Categories listed at the top of this schedule)	Description Campaign Pho Check if Au Office sought City; ite 5000 • Atlant Description Email	stin, TX, officeholder livin	Office held Zip Code

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

1 Total pages Schedule F1:	2 FILER NAME: Nicholas Kaufman	A (A)	3 Filer ID (Ethics 09669843	Commission Filers
4 Date 1/25/2021	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$390	2300 Clarendon Blvd Ste 800. Arlington	, VA, 22201-338	2	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description		
EXPENDITURE	rees	Dala		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sought	= 1 4	Office held
Date	Payee name			
2/1/2021	Squarespace			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$28.15	225 Varick Street, 12th Floor, Ne	w York, NY 1001	4	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Fees	Payment Proce	ssor	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	g expense
Complete ONLYif direct expenditure to benefit C	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2/3/2021	Zoom Video Communications Inc.			
Amount (\$)	Payee address;	City;	State;	Zip Code
615.92	55 Almaden Blvd., 6 th floor, San Jose, CA	A 95113		
		Description		
DUDDOGE	Category (See Categories listed at the top of this schedule)			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Virtual Calls		
OF			itin, TX, officeholder living	gexpense

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Polling Expense Travel In Distri Printing Expense Travel Out Of I Salaries/Wages/Contract Labor Other (enter a c

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

Total pages Schedule F1:	2 FILER NAME:		3 Filer ID (Ethics C	ommission Filers)
15	Nicholas Kaufman		09669843	-12
4 Date	5 Payee name			
2/19/2021	Apple			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
\$10.81	One Apple Park Way, Cupertine	o, CA 95014		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF	Fees	Campaign Pho	ne	
EXPENDITURE				
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2/23/2021	1360			
2/23/2021	1300			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$390	2300 Clarendon Blvd Ste 800. Ar	lington VA 222	201-3382	
56	2000,0,0,0,0,0,0,0,0	ington , v/1, 222		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
OF	Category (See Categories listed at the top of this schedule)	Description Data	istin, TX, officeholder living o	expense
OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T.	Description Data Check if Au	stin, TX, officeholder living o	
OF	Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Data	stin, TX, officeholder living o	expense Office held
OF EXPENDITURE Complete ONLY if direct	Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Data Check if Au	stin, TX, officeholder living o	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete Com	Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Description Data Check if Au	stin, TX, officeholder living o	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit expenditure to benefit only if direct expension is directly in the original or of the original	Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name	Description Data Check if Au	stin, TX, officeholder living o	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete Only if direct expension of the Only if direct expension of	Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name Mail Chimp	Description Data Check if Au Office sought City;	stin, TX, officeholder living o	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name Mail Chimp Payee address;	Description Data Check if Au Office sought City;	stin, TX, officeholder living o	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete Only if direct expension of the Only if direct expension of	Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name Mail Chimp Payee address; 675 Ponce De Leon Ave NE • Su	Description Data Check if Au Office sought City;	stin, TX, officeholder living o	Office held
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/	Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name Mail Chimp Payee address; 675 Ponce De Leon Ave NE • Su	Description Data Check if Au Office sought City; Lite 5000 • Atlant Description	stin, TX, officeholder living o	Office held
OF EXPENDITURE Complete ONLYif direct expenditure to benefit C/ Date 2/25/2021 Amount (\$) 69.58 PURPOSE OF	Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name Mail Chimp Payee address; 675 Ponce De Leon Ave NE • Su Category (See Categories listed at the top of this schedule)	Description Data Check if Au Office sought City; Lite 5000 • Atlant Description	State; a, GA 30308	Office held Zip Code
OF EXPENDITURE Complete ONLYif direct expenditure to benefit C/ Date 2/25/2021 Amount (\$) 69.58 PURPOSE OF	Category (See Categories listed at the top of this schedule) Fees Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name Mail Chimp Payee address; 675 Ponce De Leon Ave NE • Su Category (See Categories listed at the top of this schedule) Fees	Description Data Check if Au Office sought City; Lite 5000 • Atlant Description	State; a, GA 30308	Office held Zip Code

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	· · · · · · · · · · · · · · · · · · ·	nplete this form.	
1 Total pages Schedule F1:	2 FILER NAME: Nicholas Kaufman		3 Filer ID (Ethics Commission Filers) 09669843
4 Date 3/2/2021	5 Payee name Squarespace		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$28.15	225 Varick Street, 12th Floor, New York,	NY 10014	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Fees	Payment Proce	essor
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
3/3/2021	Zoom Video Communications Inc		
Amount (\$)	Payee address;	City;	State; Zip Code
\$15.92	55 Almaden Blvd., 6 th floor, San Jose, CA	A 95113	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Virtua	I Calls
	0.17.1.1.17.2		
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete ONLYif direct expenditure to benefit C	Candidate / Officeholder name	Office sought	Office held
	Candidate / Officeholder name		
expenditure to benefit C	Candidate / Officeholder name		
expenditure to benefit C	Candidate / Officeholder name		
Date 3/19/2021	Candidate / Officeholder name C/OH Payee name Apple	Office sought City;	Office held
Date 3/19/2021 Amount (\$)	Candidate / Officeholder name C/OH Payee name Apple Payee address;	Office sought City;	Office held
Date 3/19/2021 Amount (\$)	Candidate / Officeholder name Apple Payee name Apple Payee address; One Apple Park Way, Cupertino,	City; CA 95014 Description	Office held
Date 3/19/2021 Amount (\$) \$10.81 PURPOSE OF	Candidate / Officeholder name Apple Payee name Apple Payee address; One Apple Park Way, Cupertino, Category (See Categories listed at the top of this schedule)	City; CA 95014 Description Campai	Office held State; Zip Code

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

EventExpense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

	The distraction duide explains now to con	inpiece une remii	
Total pages Schedule F1:	2 FILER NAME:		3 Filer ID (Ethics Commission Filers
15	Nicholas Kaufman		09669843
4 Date	5 Payee name		
2/30/2020	The Fiverr Team		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
7.25	8 Eliezer Kaplan Street Tel Aviv, 647340	9 Israel	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE			
OF	Advertising Expense	Design Editing	
EXPENDITURE	is to the same of		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	E	
	The Fiverr Team		
1/4/2021			
Amount (\$)	Payee address;	City;	State; Zip Code
#40.50	O. Elisson Manual Observat Tall Assista	0.470.400	
\$13.53	8 Eliezer Kaplan Street Tel Aviv,	64/3409 Israel	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Advertising Expense	Design I	Editing
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C	ИОН		
Date	Payee name		
/8/2021	The Fiverr Team		
Amount (\$)	Payee address;	City;	State; Zip Code
ranount (4)	i dycc address,	Oily,	State, Zip Sode
20.78	8 Eliezer Kaplan Street Tel Aviv, 647340	9 Israel	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF	Advertising Expense	Design	Editina
EXPENDITURE	Tatordong Expone	Doolgiii	
		Chack if Aus	stin, TX, officeholder living expense
	Check if travel outside of Texas. Complete Schedule T.	CHECK II Aus	ouri, 174, officeriolder fiving experies
Complete ONLY if direct	Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

EventExpense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Total pages Schedule F1:	2 FILER NAME:		100000000000000000000000000000000000000	Commission Filers
15	Nicholas Kaufman	· ·	09669843	
Date	5 Payee name			
12/18/2020	US Post Office			
5 Amount (\$) 51320	7 Payee address;1251 William D Tate Ave, Grapevine, TX	City; 76051	State;	Zip Code
B PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense	Postage Stamp	S	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name /OH	Office sought		Office held
Date	Payee name			
12/21/2020	Vista Print			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$44.01	447 Advance Blvd., Windsor, ON	N8N 5G8		
	Category (See Categories listed at the top of this schedule)	Description	,	
PURPOSE OF EXPENDITURE	Advertising Expense	Mailers		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			g expense
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name /OH	Office sought		Office held
Date	Payee name			
2/8/2021	Texas Apparel Production			
Amount (\$)	Payee address;	City;	State;	Zip Code
\$552.07	2005 Buffalo Bend Dr., Lewisville, TX 75	067		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	T-Shirts		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	gexpense

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gifl/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Cor	nmission Filers)
	Nicholas Kaufman		0966984	
4 Date	5 Payee name			
12/17/2020	Alpha Graphics			
6 Amount (\$) 5233.01 Reimbursement from political contributions	7 Payee address; 1649 W. Northwest Hwy., Grapevine, TX	City;	State;	Zip Code
intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Rack	Cards	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exper	nse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date 12/17/2020	Payee name Alpha Graphics			
Amount (\$) \$539.50 Reimbursement from political contributions intended	Payee address; 1649 W. Northwest Hwy., Grapevine, TX	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Rack Cards		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expe	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
Date 12/17/2021	Payee name Uline			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	980 W. Bethel Rd., Coppell, TX 75019			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Envelops	3	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form	
1 Total pages Schedule G:	2 FILER NAME Nicholas Kaufman	3 Filer ID (Ethics Commission Filers) 09669843
4 Date 1/2/2021	5 Payee name Matt Young	
6 Amount (\$) \$866.00 Reimbursement from political contributions intended	7 Payee address; 7400 La Cantera Or. Fort Wor	City; State; Zip Code Hh, TX 70108
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contract Labor (b) Descript	cal Consultant
	(c) Check if travel outside of Texas. Complete Schedule T. Che	eck if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sough	nt Office held
Date 2/2/2021	Payee name Matt Young	
Amount (\$) \$866.00 Reimbursement from	Payee address; 7400 La Cantera Dr., Fort Wor	City; State; Zip Code
political contributions intended	7700 04 0011	1111, 17 14108
political contributions	Category (See Categories listed at the top of this schedule) Contract Labor Contract Labor	
political contributions intended PURPOSE OF	Category (See Categories listed at the top of this schedule) Contract Labor Contract Labor	eck if Austin, TX, officeholder living expense
political contributions intended PURPOSE OF	Category (See Categories listed at the top of this schedule) Contract Labor Check if travel outside of Texas. Complete Schedule T. Candidate / Office holder name Category (See Categories listed at the top of this schedule) Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	eck if Austin, TX, officeholder living expense
political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct	Category (See Categories listed at the top of this schedule) Contract Labor Check if travel outside of Texas. Complete Schedule T. Candidate / Office holder name Category (See Categories listed at the top of this schedule) Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.	eck if Austin, TX, officeholder living expense
political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Date 3/2/2021 Amount (\$)	Category (See Categories listed at the top of this schedule) Contract Labor Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sough Payee name Matt Young Payee address; City	neck if Austin, TX, officeholder living expense nt Office held
political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh Date 3/2/2021 Amount (\$) \$400.00 Reimbursement from political contributions	Category (See Categories listed at the top of this schedule) Contract Labor Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sough Payee name Matt Young Payee address; 7400 La Cantera Or. Fort Word Category (See Categories listed at the top of this schedule) Description	tion Cal Consultant heck if Austin, TX, officeholder living expense Int Office held State; Zip Code TH, TX 76108
political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OF Date 3/2/2021 Amount (\$) \$400.00 Reimbursement from political contributions intended PURPOSE OF	Category (See Categories listed at the top of this schedule) Contract Labor Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sough Payee name Matt Young Payee address; 7400 La Cantera Dr. Fort Word Category (See Categories listed at the top of this schedule) Contract Labor Description Category (See Categories listed at the top of this schedule) Contract Labor	tion Cal Consultant heck if Austin, TX, officeholder living expense Int Office held State; Zip Code TH, TX 70108